

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|              |                          | ection of each violation is specified in the narrative por  |                              | _                               |                               |              |
|--------------|--------------------------|---|------------------------------|---------------------------------|-------------------------------|--------------|
| Establishn   |                          |   | Telephone Number             |                                 | Date of Inspection (mm/dd/yr) |              |
| Jrvm/        | er's Cat                 | s (number and street, city, state, zip code)  | 532 - 817 - 2084             | اباع                            |                               |              |
|              |                          |   | '                            | 977                             | ZUI I                         |              |
| Owner        | echanos d                | Are New Alberry, IN 47150   | Purpose:                     | Follow-up Release Date          |                               |              |
|              | Greg                     | sr-i  | Routine                      | No 10 des                       |                               |              |
| Owner's A    |                          |   | 2. Follow-up                 | Summary of Violations:          |                               |              |
| 207 Bu       | Mobren                   | Bhd. Jeffersonville, W 47130  | 3. Complaint                 |                                 |                               |              |
| Person in (  | Charge                   |   | 4. Pre-Operational           | $C \bigcirc NC $ $R \bigcirc R$ |                               |              |
| Mike 1       | le Person's I            |   | 5. Temporary                 | emporary                        |                               | . <u>N V</u> |
| Responsib    | le Person's I            | E-mail  | 6. HACCP                     | Menu Type (See back of page)    |                               | of page)     |
| Cante II     | ood Manag                |   |                              | 7. Other (list) 1 2 3 X 4 5     |                               |              |
| M:W          |                          | (2/7/22)  |                              | 12                              | 2 <u>3 X</u>                  | _45          |
| 1            |                          |   |                              | _                               |                               |              |
|              |                          | E IDENTIFIED IN THE CHECKLIST AND NARRATIVE CO  |                              |                                 | _                             |              |
|              |                          | ATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN   | <del> </del>                 | AND IN THE                      |                               |              |
| Section#     | C/NC                     | R Narr  | <del></del>                  |                                 | To Be Co                      | orrected By  |
| 351          | NC                       | Observed no covered trash can   | anailable                    |                                 | 1 we                          | <u>k</u>     |
|              |                          |   | <u> </u>                     |                                 |                               |              |
|              | ļ <u></u>                |   |                              | <u>.</u>                        |                               | <del> </del> |
| <u>-</u>     |                          |   |                              |                                 |                               |              |
| j            |                          | Discussed Mean Type 3 vs.   | May Type 4                   |                                 |                               |              |
|              |                          |   |                              |                                 |                               |              |
|              |                          | - must ilme manual des of   |                              |                                 |                               |              |
|              |                          | - Most itus propoed day of  - limited raw product (smeage or chicken)  - some netwers or sides are pre-cooked / heat and some |                              |                                 |                               |              |
|              |                          | TIMEL FACE PRINCE! (SAME  | age or own j                 | <del></del>                     |                               | <del></del>  |
|              |                          | - some antitudes of sides are s   | one-cooked / heat me so      | eve :                           | -                             | <del></del>  |
|              | 1                        |   |                              | •                               |                               |              |
|              |                          | - establishmet will remain Men  | w Type S                     | <del></del>                     |                               |              |
| <del>:</del> |                          |   |                              |                                 |                               |              |
|              |                          |   | · .                          |                                 |                               |              |
|              |                          |   |                              |                                 |                               |              |
|              |                          |   |                              | -                               |                               |              |
|              |                          |   |                              |                                 |                               |              |
|              |                          |   |                              |                                 | . :                           |              |
| Received by  | (name <sub>r</sub> and t | itle printed):  | Inspected by (name and title | printed):                       |                               |              |
| Mill         | , , ,                    | 1 gwown   | A.).                         |                                 | (EHS)                         | :            |
| Received by  | (signature):             | 0   | Inspected by (signature):    |                                 |                               |              |
| TH           | I hr                     |   |                              | ai                              |                               |              |
| ce:          | 4 //                     | cc:   |                              | cc:                             |                               | <del></del>  |
|              |                          | ,   |                              |                                 |                               |              |